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ABSTRACT

It is important to give medical personnel being trained in second languages and cultures access to information necessary to their specific immediate needs. The University of California, San Diego, is used as an example of a communicative approach to helping health care providers establish an appropriate relationship with their Latino patients and to be aware of the cultural context in which they work. Acquisition of communicative competence is discussed in terms of social relations, interviewing, giving instructions, following up, and vocabulary drill activities. Areas covered related to cultural contexts are extended family relationships, family planning, beliefs related to illnesses and folk medicine, and language and social attitudes. Contains 19 references. (LB)

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MEDICAL SPANISH TRAINING PROGRAM FOR THE EDUCATION OF HEALTH CARE PROVIDERS: COMMUNICATIVE NEEDS AND CULTURAL COMPETENCE

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DETERMINING THE NEEDS

In a medical context with pilot programs to teach Spanish to health care providers, such as we now have in the Family Medecine and Pediatrics Departments at the University of California, San Diego, the first question we may ask ourselves is in what way are the needs of a health care practitioner different from that of a traditional Spanish student in the usual academic setting?

This medical personnel is exposed to fast, natural speech; their first necessity is to understand, and they will be eager to learn or at least recognize as much vocabulary as fast as they can. It is often in contact with patients who slur, do not articulate, use "border" Spanish and do not have a high level of linguistic competence. It will be useful to expose them to a lot of oral practice from various sources. Tapes accompanying text-books are fine, but material coming from border radio stations and TV programs, preferably on medical subjects, will offer the authenticity and variety we are seeking.

The need to produce comes next, to solicit information or explain what to do. So that oral communication is the first priority, then understanding and speaking. The reading and writing skills have their place, but as background reference, mostly as pegs on which to hang the information.

The second question is, what area of specialization are we dealing with? Apart from general descriptions of anatomy and illness symptoms, and general questions on patient history taking, an ophtalmologist will have a different area of concern than a cardiologist, so that the content material will have to be appropriate to the area of specialization.

In my particular experience which applies mostly to family practice and also pediatrics, the rotations where our residents and staff are most likely to meet Hispanic patients, are usually:

- pre-natal care, pregnancy
- labor and delivery deck
- post-partum/post-natal care
- pediatrics ward
- ambulatory care
  (including health questionnaire, systemic review, common medical problems: vomiting, diarrhea, ear, nose and throat, vaccines, etc).
- emergency room (injuries, burns, cardiology)

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- family planning.

According to individual interests and circumstances, we will also go into various areas such as:

- special diets
- cancer
- diabetes
- dermatology
- geriatrics
- mental health care
- alcoholism related problems
- child abuse
- lab procedures, etc.

ACQUISITION OF COMMUNICATIVE COMPETENCE

Once the vocabulary has been studied, and if the students are at the beginning stages of the language apprenticeship, they will get to understand that they need to learn how to make sentences and communicate in a more complex manner than with isolated words. For obvious reasons, one cannot teach this kind of intensive medical course in the same way a standard academic course is conducted. In the first place, only a fraction of the time is available. There is no possibility of reinforcement through written exercises, assignments, research, language lab, although there is the constant motivation of having to deal with the Hispanic patient. There are many interruptions due to patient calls, meetings, sleeplessness, holidays. Moreover, many traditional aspects of language teaching do not have any relevancy in a course where the most urgent is to know how to preserve or save lives. It will be essential to use a communicative approach, where grammar is not taught per se, but gives the preference to speech acts, and if we adapt it to a medical setting, we can go very fast indeed in teaching a language that is highly useful for a doctor/patient relationship. In our medical practice, the following could be earmarked as particularly relevant in the learning process.

1. Social relations.
In a Hispanic context particularly, it is important to establish a personal relationship with the patient. The social features will include:
- How to greet someone, to introduce oneself, someone else; personally, on the phone.
- How to show understanding, concern.
- How to explain the way the instructions should be carried out.
- How to excuse oneself, to congratulate, express sadness or contentment.

2. During the interview, where the patient needs to understand

his condition:
- How to ask for practical information.
- How to relate to the patients and make them at ease so that they will volunteer information. How to suggest tension release.
- How to explain the etiology and diagnostic.
- How to give one's opinion on the best course to follow in this particular illness.

3. Giving instructions.
Cicourel [1981] has noted how in a study 26% of the mothers who consulted for their children did not report to the physician what was bothering them most about their child because they thought they would not be understood, or that they did not receive encouragement to do so. It will therefore be useful to teach:

- How to explain the way the instructions should be carried out.
- How to relate to the patient's cultural background in order to favor compliance.
- How to enlist the services of the relatives to ensure compliance: ask what can be done, what cannot be done.
- How to prohibit, and express obligation.

4. Follow up:
- How to approve, disapprove.
- How to express interest, fear, regret, disappointment, encouragement.
- How to refer to another service.
- How to indicate a program to be followed in the future.

5. Activities
Activities used to practice the vocabulary will include the traditional exercises, giving lots of opportunity for role-playing. You may have a student choose a condition, and the others ask questions about the illness. You may have the doctor discuss the reasons for his diagnostic, you may have others discuss the alternatives, justify a different decision, etc. Some task you can assign is to bring (or remember) the chart of a patient and go over this case. Imagine afterwards what could be said to the family to insure compliance. You may use anatomical charts, drawings showing a certain condition, and imagine the circumstances of this condition.

As the oral is always very motivating, it is useful to collect or make a set of tapes on different subjects that can apply to your particular area of study. In border towns, we have abundant material from the Mexican radio, but it is possible to make the materials with the help of native speakers, or tape a genuine Hispanic patient interview. We go over the dialogues until the student distinguishes the key words, we help with some specific vocabulary, and then we play the tape again until he/she makes out the details of the sentence. Follow up consists in role

playing with similar phrases or vocabulary, or with variations. This has proved to be an excellent training for the ear and for getting used to various accents.

Finally, as a reference tool, a selected bibliography of various medical text and phrase books as well as Spanish or Spanish-English medical dictionaries and glossaries is appended.

ACQUISITION OF CULTURAL COMPETENCE

Apart from a fair number of cultural differences that will be evidenced in the vocabulary itself, some areas have been identified as specifically important or even conflictive in a medical setting. As this is a wide subject in itself, I shall limit myself to identifying a few of those areas that can be studied through texts taken from books, textbooks and articles in the field of sociology and anthropology, from guest lecturers, from patient interviews and even from novels, video tapes and films, taking into account the fact that a Hispanic family living in the United States is bound to evolve in a certain direction, and also that each case is very individual.

1. Extended family relationships

Although life in the United States tend to loosen the extended family ties, relationships are still very important in a Latino context, as the language itself points out. Speaking of family ties, after going from the "tatarabuelo" to the "bisnieta", it night be useful to think of the following:

- "el jefe, la jefa" (father, mother).
- "el viejo, la vieja" (husband, wife/lady)
- "el concuño (sister-in-law's husband, on the spouse's side), and "la concuña" (the brother-in-law's wife), apart from the usual "cuñado/cuñada" for the in-laws.
- "el concuñado" (brother of one's brother-in-law or sister-in-law) and "la concuñada" (the sister of one's brother-in-law or sister-in-law).
- the "padrastro" and "madrastra" (step-parents) have a "hijastro", also called "entenado" or "hijastra", "entenada" (step-children).
- the "padrino" and the "madrina" (god-parents) have a "ahijado" or "ahijada" (god-children).

In addition, the "compadre" and "comadre" (ritual parents) have... here the strict parallelism ends, but gives us the opportunity to acquaint health personnel with the "compadrazgo" as a social institution.

Let us also note the role played by the nurse, "la nana", but also "la nodriza, el aya, la niñera, la pilmama". Also by twins: "los gemelos, los mellizos" and also in Mexico "los cuates" when

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one speaks about the other one, "mi cuate". "Los trillizos" are also "triates". A special relationship has received a special word: that of the "tocayos", who are related by sharing the same name, a tradition coming from Aztec times (to = our, cáitl = name). And we finally add to the list "los pepenados", the adoptive or illegitimate children that are considered part of the family.

b. Family planning

In connection with the family, we can also mention the particular issue of birth control. A pilot study was carried out on fifteen chicana women, who were interviewed by one Anglo and one Hispanic health practitioners, to examine the different attitudes these women might have towards the interviewer (Betty Lou Dubois and Isabel M. Crouch, 1978). There was a general reticence to discuss birth control, abortion or sex. With the Chicano interviewer, they tended to ignore or change the subject, but less so with the Anglo interviewer.

For sexual intercourse, they used euphemisms such as "a wife's duty, do it, things like that, those things". The word "usar" is also employed in Mexico to marital relations: "Mi marido me usó".

As far as men are concerned, the reproductive organs are designated both as "las partes nobles" (the noble parts) and "las vergüenzas" (the shameful parts), which shows the ambivalence in the attitude towards sex. We will therefore remind our students to be discrete in such matters.

Another area of interest might be the customs and events related to the life cycle, together with the religious ceremonies they may entail: birth, marriage, death, the "velorio" or wake, the different attitudes towards life and death. The pages written by Octavio Paz in his Labyrinth of Solitude about those customs, or about the Mexican character, or on the Mexican woman psychology, are still valid today. Some television channels offer programs on Mexico or Spanish America. The National Geographic has an interesting video called "The Mexicans Through Their Eyes" that gives a good overview of the Mexican culture. I will show a passage relevant to health practitioners as it related to death. We see the celebrations of the Day of the Dead (November 1st and 2nd), and the Mexican familiarity with the the outer trappings of death.

c. Beliefs related to illnesses and folk medecine

When talking to people in Mexico or in border towns, walking through the streets and markets, or simply listening to a Mexican radio station, it is obvious that folk practices and home remedies are being widely used even today. I enjoy mentioning certain practices and give an idea of some of the medicinal herbs and their usage so that the health personnel will be aware of what makes sense to their patients. Many books or texts speak

about some of these common practices. I would like to make a special mention of the use of herbs. In the San Diego border area some of them are easily accessible, to buy or to pick, and I have added a few for tropical illnesses. Here I list just a few with some of their traditional medicinal properties :

- el árnica (Arnica montana, Heterotheca inuloides), for bruises and contusions; also for infectious fevers.
- la albahaca (Ocimum basilicum)[sweet basil], for cramps and vomiting, and as an antispasmodic for whooping cough.
- el anís (Pimpinella anisum)[anise] as a carminative for colics and cramps.
- la borraja (Borrago officinalis)[borage] as a sudorific and diuretic in measles, chicken pox, etc.
- la canela (Laurus cinamonum)[cinammon] as a tonic and antiseptic.
- el copalchi (Coutarea latiflora) for malaria and bilious fevers.
- el cuachalalate (Amphipterigium adstringens) for gastric ulcers.
- la damiana (Turnera diffusa, Turnera aphrodisiaca), known as an aphrodisiac, and used for sexual debility.
- el epazote (Chenopodium ambrosioides) [American wormseed], a traditional condiment in beans and in "chilaquiles", also used as a vermifuge and to activate menses.
- el eucalipto (Eucaliptus globuolus) for the respiratory tract.
- la gobernadora (Larrea tridentata, divaricata) [creosote bush, chaparral] for treatment of arthritis, some cancers and bronchial conditions.
- el gordolobo (Mex. Tlacochichic) (Verbascum thapsus)[mullein] as a demulcent, for hemmorrhoids, varicose veins, cough and bronquitis.
- la lengua de vaca (Rumex crispus) [Yellow dock, curly dock] a great iron builder, valuable for conditions of the blood and glandular system, skin diseases.
- el maguey (Agave salmiana, tequiliana)[century plant], apart from the pulque and tequila production, is used for recalcification. The Aztecs used it for tuberculosis, rheumatism, gonorrhea, etc.
- la manzanilla (Matricaria parthenium)[chamomile]. The flowers are used in infusion for stomach pains, to have a good sleep, as an eye wash.
- la ruda (Ruta graveolens)[Rue] used since the Aztecs for difficult deliveries, and commonly to stimulate menstruation when delayed.
- la salvia (salvia officinalis, and local varieties), to stop the flow of milk when weaning a baby, for nervous conditions, diarrhea, throat problems.
- el tamarindo (Tamarindus indica)[tamarind], apart from the colorful drink that quenches thirst, cures "empacho", and has laxative and diuretic properties.
- la sávila (Aloe vera), used for cuts and burns, also a

purgative and stomach cleanser.
- la tronadora, o Flor de San Pedro (nixtamaxochitle) (Tecoma mollis stans)[tecoma, meaning the clay pot flower] for gastro-intestinal problems, and used in cases of diabetes.

Other practices involving religious beliefs or folk practices, as well as the institution of "curanderos" in the South-West will be touched upon according to particular interests.

d. Language and social attitudes

It will be useful to sensitize out students to the various language registers, since they may use a scientific language that is proper but not necessarily understandable by their patients. But vice-versa, many popular expressions used by the patients will need to be explained, and again translated into the language that the doctor or nurse, as a representative of the medical profession, needs to speak. The language register is important, because the wrong word may undermine the doctor's authority and knowledge, which in turn influence the patient's willingness to comply. So that the doctor, not the patient, will usually talk about "una luxación", while the patient will speak about "una dislocación, una descoyuntura", or may even say, "tengo un hueso zafado". I always like the example given by Ozzie Díaz-Duque (1982): "Tengo una bola en el tragadero" (I have a ball in the swallowing pipe) for "I have a growth in the esophagus"!

There are many popular expressions related to body parts or body functions than can be used to enliven a class. We all love to teach sayings like, "En boca cerrada no entran moscas". There are quite a few that are connected with physical parts or body functions, and are thus most appropriate for doctors and nurses. It is nice to keep some of those phrases in reserve to get a laugh when the going in the hospital has been tough. For example:

"Se le cayó el alma a los pies", his heart sank.
"Estar con el alma en la boca", to be at death's door.
"Tener un ojo aquí y el otro en Pekín" (to be cross-eyed).
"Viene con una mano atrás y otra adelante", he is poor as Job.
"Mamar y beber leche", to have one's cake and eat it.
"Parece que allí le cortaron el ombligo" (he likes too much to stay where he is).
"Rascarse con sus propias uñas", or "No necesitar vejigas para nadar", (to take care of one's own problems).
"Echar los hígados", to work one's fingers to the bone.
"Hacer de tripas corazón", to keep a stiff upper lip.
"Hacer chile con el culo" (to keep one's rage inside).
"Yo te curaré el chincual" (I'll give you a good hiding).
"Estar con el hijo atravesado" (to have a major obstacle in the way).
"De que la partera es mala, le echa la culpa al culo" (to blame someone else for one's mistakes).

"Él que tiene más saliva traga más pinole" (the one with more acquaintances or money gets the upper hand).
"Él que nace para barrigón, aunque le fajen" (you cannot change what you were born to be).
"Él que se acuesta con tule amanece con dolores", "as you sow, so shall you reap".
"Si con atolito el enfermo va sanando, atolito vámosle dando" (whatever you say). This would at least be a pleasant medecine!

To sum up, in a medical context particularly, it is important to give the medical personnel we are training immediate information relevant to their specific needs; the communicative approach is the one most appropriate to help them establish an indispensable relationship with their patients; and finally the cultural context cannot be over-emphasized: it presents different viewpoints, beliefs and attitudes that must be brought in early in the language acquisition to familiarize the student with different patterns of behavior he or she will have to deal with in a profession where care and understanding are the main key to success.

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APPENDIX I

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APPENDIX II

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